MAYOR AND CITY COUNCIL OF LAUREL
OFFICE OF THE FIRE MARSHAL AND PERMIT SERVICES
8103 Sandy Spring Road Laurel, Maryland 20707-2502
Phone: (301) 725-5300 FAX (301) 490-5068
Web: http://www.cityoflaurel.org  Email: fmmps@laurel.md.us

DOOR-TO-DOOR SOLICITATION LICENSE

DATE OF APPLICATION: ______________________

EXPIRATION DATE: ______________________

ALL ITEMS BELOW MUST BE COMPLETED. FAILURE TO PROVIDE FULL AND ACCURATE INFORMATION CAN RESULT IN APPLICATION REJECTION AND/OR DENIAL. ATTACH THE FOLLOWING TO THIS APPLICATION: (1) PROOF OF IDENTITY, ISSUED BY THE STATE OF MARYLAND OR OTHER RECOGNIZED GOVERNMENT (2) A COMPLETE LISTING OF ANY OTHER LICENSES OR PERMITS ISSUED TO THE APPLICANT BY THE CITY WITHIN THE FIVE (5) YEARS PRECEDING THE DATE OF THIS APPLICATION.

PLEASE PRINT CLEARLY

APPLICANT INFORMATION

APPLICANTS NAME: ___________________________________________________________

APPLICANTS ADDRESS: ___________________________________________________________

MD STATE DRIVERS LICENSE/ID NUMBER: __________________________________________

APPLICANTS TELEPHONE NUMBER: ( ) _____ - _________

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR? YES OR NO

(CIRCLE ONE)

LICENSEE INFORMATION

LICENSEE COMPANY NAME/LICENSEE NAME: __________________________________________

LICENSEE ADDRESS: ___________________________________________________________

PRODUCTS/SERVICES TO BE SOLD INFORMATION

DESCRIPTION OF PRODUCTS/SERVICES TO BE SOLD: __________________________________

________________________________________________________

________________________________________________________
SPECIFY LOCATION WHERE ITEMS WILL BE SOLD (IF APPLICABLE): ________________________

I DO SOLEMNLY DECLARE AND AFFIRM, UNDER THE PENALTIES OF PERJURY, THAT I, THE OWNER, OR AGENT OF THE OWNER AUTHORIZED TO APPLY FOR THIS LICENSE, HEREBY CERTIFY THAT THE APPLICATION AND CONTENTS ARE TRUE AND CORRECT, THAT ALL ACTIVITIES PERFORMED UNDER THIS LICENSE WILL BE IN ACCORDANCE WITH CHAPTER 8, ARTICLE V, SECTIONS 8-51 THROUGH 8-55 OF THE CODE OF THE CITY OF LAUREL MARYLAND.

SIGNATURE OF APPLICANT: ________________________

Office Use Only:

LICENSE FEE DUE: $45.00 or $25.00 if applicant provides a criminal background = $ _________ 
Check satisfactory to the City Administrator.

REPLACEMENT OF LOST OR MUTILATED LICENSE (CIRCLE ONE): $25.00 EA. $ _________

PROHIBITED ACTS AND OTHER CONDITIONS:

1. LICENSEE CANNOT REMAIN IN A PRIVATE RESIDENCE OR ON THE PREMISES AFTER OWNER OR OCCUPANT HAS REQUESTED LICENSEE TO LEAVE.
2. LICENSEE CANNOT ENTER INTO OR UPON THE PREMISES OF A PRIVATE RESIDENCE FOR SOLICITING, WHEN THE OWNER OR OCCUPANT THEREOF HAS DISPLAYED A "NO SOLICITING" SIGN ON THE PREMISES.
3. LICENSEE CANNOT ENTER UPON RESIDENTIAL PREMISES FOR SOLICITING BETWEEN SUNSET AND SUNRISE HOURS, EXCEPT FOR SCHEDULED APPOINTMENTS BY THE OWNER OR OCCUPANT OF THE PREMISES.
4. FAILURE TO ABIDE BY THE LAUREL CITY CODE MAY RESULT IN SUSPENSION OR DENIAL OF THIS LICENSE.
5. LICENSEE IS REQUIRED TO NOTIFY THIS DEPARTMENT WITHIN 15 DAYS OF LICENSE/LICENSEE CHANGES TO INCLUDE NAME, ADDRESS, TELEPHONE NUMBER, ETC.

APPROVED by the Department of Economic and Community Development: Date:

APPROVED by the Office of the Fire Marshal and Permit Services: Date:

APPROVED by the Director of Budget and Personnel Services: Date:

OFFICE USE ONLY: LICENSE NO.: ________________